



Washington State  
Department of Social  
& Health Services

DIVISION OF PROVIDER SERVICES  
OFFICE OF THIRD PARTY RESOURCE  
CASH CONTROL UNIT, MAIL STOP: 45566

## GROSS ADJUSTMENTS

PROVIDER NUMBER:

CATEGORY OF SERVICE:

MMIS ACCOUNT CODE:

PROGRAM CODE:

DATES OF SERVICE:  to

STATE ACCOUNT CODE:

-  -  -  -  -  -

PIC CODE:  -  -  -

RECIPIENT COUNTY:

AMOUNT DUE PROVIDER: \$

AMOUNT DUE STATE: \$

ADJUSTMENT REASON:

OVERRIDE LOCATION:

CASH CONTROL NUMBER:  -

CARRIER CODE:

TYPE OF INSURANCE:

THIRD PARTY: \$

EOB:  -

Insurance Payment:

DSHS Allowed:

A = Audit

B = Rate Change

C = Cost Settlement

D = Third Party Recovery by Provider

E = Claim Error

F = Retroactive Eligibility

G = Third Party Recovery by State

H = Correct Credit Balance Report

I = TPR Adjustment Effecting Provider Payments

J = Walk Through

G.A. And Apply To Expenditures:

SIGNATURE

DATE